



PATENT

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Ld
11/25/02
entered
5/8/03
A.S.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/434,314

BLACK

Filed: 11/04/1999

For: METHOD AND APPARATUS
FOR PERFORMING HANDOFF
IN A HIGH SPEED
COMMUNICATION SYSTEM

) Group No. 2682

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Technology Center 2600

RESPONSE TO OFFICE ACTION

Assistant Commissioner of Patents
BOX FEE AMEND.
Washington, D.C. 20231

Attention: J.J. LEE, Examiner

Dear Assistant Commissioner:

In response to the Office Action dated 08/28/2002 please amend the above-identified application as indicated below.

11/20/2002 DTESSEM1 00000029 170026 09434314

01 FC:1201 336.00 CH

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

11/12/2002

(Date of Deposit)

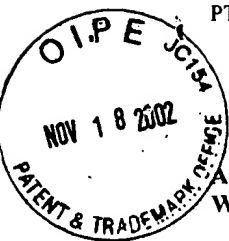
Carola Emejius-Swartz

(Name of the Person Making Deposit)

(Signature)

11/12/200

(Date of Signature)



PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Assistant Commissioner for Patents
Washington, D.C. 20231Customer No.: 23696
Attorney Docket No.: 000045
In Re Application of: BLACK
Serial Number: 09/434,314
Filed: 11/04/1999
Examiner: J.J. LEE
Group Art Unit: 2682

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	22	36	0	x \$18 =	\$0.00
Independent**	7	3	4	x \$84 =	\$336.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$280	\$0.00
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$400	\$0.00
			<input type="checkbox"/> Three Months	\$920	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$336.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$336.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 11/12/2002

Signature:

Donald Kordich, Reg. No. 38,213
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